

## **2019 Legislative Requests**

- 1) **Allocate \$11 million in funding to reduce the waiting list for the Medicaid Home and Community Based Waiver Services for Brain Injury and other conditions.**
  - a) **SERVICES DELAYED FOR BRAIN INJURY ARE SERVICES DENIED!**
    - i) There are greater than 1,500 lowans waitlisted by DHS for the HCBS-BI services (Jan, 2019).
    - ii) There is more than a two year wait time for services (people who applied in 2016 are still waiting).
    - iii) Brain Injury services delayed leads to poorer long-term outcomes AND much higher costs and higher levels of care placement, prison, hospital stays, mental health costs, substance abuse costs, homelessness, disability and death.
  
- 2) **Remove the obsolete cap on waiver expenditures for brain injury home and community-based services under the Medicaid waiver in Iowa Code.**
  - a) **Remove the language in Iowa Chapter 441 83.82(2)d stating, "The total cost of brain injury waiver services, excluding the cost of case management and home and vehicle modifications, shall not exceed \$3,013.08 per month."**
    - i) This language is obsolete within the current managed care environment.
    - ii) \$3,013.08 was never reflective of actual costs under the BI waiver.
    - iii) Prior to Managed Care the Iowa Dept. of Human Services managed BI costs in excess of this "cap" through an "exception to policy" system.
    - iv) **HOWEVER** the Managed Care companies regularly restrict services to this artificial "cap".
  
- 3) **Protect Iowa youth age 17 and by compelling the use of a helmet when riding mopeds and motorcycles. ("Line's Law")**
  - a) **Young drivers are among the most highly vulnerable to brain injury on our streets and highways.**
    - i) They are the least experienced drivers on the roads.
    - ii) The frontal lobes of the human brain do not fully develop in humans until the second decade of life.
    - iii) Youth at 17 are not biologically developed to the degree that they can anticipate the consequences of riding without proper safety equipment.
    - iv) The cost of brain injury is too high in both economic and personal terms to ignore.
    - v) Prevention is the only cure for brain injury.

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- 4) **Increase funding by \$250,000 to the Brain Injury Services Program (BISP) at the Iowa Dept. of Public Health (IDPH)**
- a) The BISP at IDPH supports services that improve the health of Iowans with brain injury **AND return 184% on the funds allocated.**
  - b) The Resource Facilitation services at the Brain Injury Alliance of Iowa, and across the country are emerging as **THE** community-based treatment for brain injury and stroke which is now recognized as a chronic condition.
    - (1) Adding \$250,000 directed to Resource Facilitation services within the Brain Injury Services Program at the Iowa Dept. of Public Health would allow the program to treat more than 1,000 additional clients allowing them to “live well” with brain injury and avoid institutional placement, imprisonment, hospital stays, mental health costs, substance abuse costs, homelessness, disability and death.
    - ii) Adding \$250,000 directed to Resource Facilitation services within the Brain Injury Services Program at the Iowa Dept. of Public Health would result in more than a \$700,000 annual savings to the Iowa Medicaid, Corrections and MH/DS Regions’ budgets.
- 5) **Add Brain Injury services to the list of Core Services within Iowa’s Mental Health and Disability Service regions AND the funding to support them.**
- a) In 2014 the Iowa Legislature indicated that it was their intent to address the need for funding to the MH/DS Regions to expand core services to include individuals in need of brain injury services. (Iowa Code section 331.397)
    - (1) Beginning in 2019 MH/DS regions are required to screen for brain injury in many of the newer complex needs programs.
    - (2) Brain injury is associated with high rates of mental health, substance abuse and incarceration.
    - (3) Brain Injury is a chronic condition. There is strong evidence base that specialized treatment and support are effective, affordable and significantly reduce institutional placement, imprisonment, hospital stays, mental health costs, substance abuse costs, homelessness, disability and death.
    - (4) Brain injury services in Iowa have a strong track record in Iowa and have already saved the state, counties and regions millions of dollars in the past decade.
    - (5) **The time has come to move forward on this commitment.**
- 6) **Add funding to the Iowa Dept. of Education to support an internet-based training program for educators to respond to youth concussion (mild TBI) and the 2018 mandate to deploy “Return to Learn” techniques.**
- a) In 2018 the legislature mandated that “personnel of a school district or accredited nonpublic school with enrolled students who participate in an extracurricular interscholastic activity which is a contest in grades seven through twelve shall develop a return-to-learn plan...” (Iowa Code section 280.13C.)
  - b) Funding of \$100,000 is requested for the Iowa Dept. of Education, in collaboration with the Iowa Dept. of Public Health to develop a series of accessible, evidence-based, educational presentations supporting the “Concussion Management Guidelines for Iowa Schools as published by the Iowa Depts. of Education and Public Health.